

Maryland State Board of Physical Therapy
4201 Patterson Avenue - Baltimore MD 21215-2299

Please print all information - use black/blue ink only

Maryland License Number _____

Year of last renewal _____

2. SIGNED AND DATED ATTESTATION AS TO WHETHER OR NOT YOU HAVE CONTINUED TO PRACTICE IN MARYLAND AFTER EXPIRATION OF YOUR LICENSE.

Additional information: Answer yes or no. If you answer YES to any question, attach a separate page with a complete explanation of each occasion.

- _____ 1. Has a state, federal, or foreign licensing or disciplinary board or agency (including Maryland, DC and Puerto Rico), or a comparable body in the armed services, denied your application for licensure, reinstatement or renewal?
- _____ 2. Has a state, federal, or foreign licensing or disciplinary board or agency (including Maryland, DC and Puerto Rico), or a comparable body in the armed services, taken any action against your license?
- _____ 3. Has a state, federal, or foreign licensing or disciplinary board or agency (including Maryland, DC and Puerto Rico), or a comparable body in the armed services, filed any complaints or charges against you, or investigated you for any reason?
- _____ 4. Have you ever withdrawn your application for a physical therapy license or other health professional license?
- _____ 5. Have you surrendered your license or allowed it to lapse while you were under investigation by any state, federal or foreign licensing or disciplinary board or agency (including Maryland, DC and Puerto Rico) or any entity of the armed services?
- _____ 6. Have you committed a criminal act to which you pled guilty or nolo contendere or for which you were convicted or received probation before judgment?
- _____ 7. Excluding minor traffic violations, are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law?
- _____ 8. Has anyone filed or settled a malpractice action in which you were named a defendant?
- _____ 9. Has your employment by any hospital, HMO, or other health care facility, institution, practice, or military entity, been terminated for disciplinary reasons?
- _____ 10. Have you voluntarily resigned from any hospital, HMO, or other health care facility, institution, practice, or military entity, while under investigation for disciplinary reasons?
- _____ 11. Do you have any physical or mental condition that currently impairs your ability to practice physical therapy or that would cause reasonable questions to be raised about your physical, mental, or professional competency?
- _____ 12. Have you committed an offense involving alcohol or controlled dangerous substances to which you pled guilty or nolo contendere or for which you were convicted or received probation before judgment?
- _____ 13. Have you engaged in any form of alcohol or substance abuse?

Education information:

School name: _____ PT ____ PTA ____

Location: _____
(City) (State)

Date of graduation: _____ Degree: _____

Licensing examination record: List place(s) and date(s) of exams previously taken

I hereby make application for **REINSTATEMENT** for physical therapy assistant licensure in Maryland according to the Physical Therapy Practice Act of the Maryland State Board of Physical Therapy Examiners.

I have enclosed the required fee of **\$400.00** application fee by check () money order () **NO CASH!** (Make check or money order payable to the Board of Physical Therapy) The reinstatement fee is **non-refundable**.

Signature_____
Date

AFFIDAVIT

State of _____

City/County of _____

Before the undersigned, a Notary Public in and for the City/County and State aforesaid, on the ____ day of _____ 20____ personally appeared

who, being first duly sworn, say he/she is the person referred to herein, and is the person who signed the foregoing application; that the facts and statements contained are true, to the best of his/her knowledge and belief. I certify that the attached photograph is a true likeness of the applicant.

Photograph**Copy of Photo
ID Cards, etc.
not acceptable**

Notary Public (Notary seal to be placed over signature)

Return completed form to: Licensing Administrator
Board of Physical Therapy
4201 Patterson Avenue
Baltimore MD 21215-2299